



COCONINO COUNTY  
**HEALTH DEPARTMENT**  
*Making A Difference Every Day*

## **Application for a Temporary Food Service License**

( ) Non-profit food and samplers	\$65.00
( ) For profit food at non-profit event; vendors that sell non-phf's (lemonade, etc.)	\$95.00
( ) For profit vendors	\$150.00
( ) <i>Penalty fee</i> for application received less than 10 days before the event	\$20.00
( ) <i>Penalty fee</i> for application received at the event	\$60.00

Organizer of Event: \_\_\_\_\_ Phone Number: \_\_\_\_\_

[illegible]


**Plan Review:*****Complete or describe the following:***

1. Construction of booth: Mobile Unit ☐ Tent ☐ (tents only allowed for certain foods, refer to Temp F.S. Requirements)
2. Attach pictures or a drawing of "booth set-up" inside and out (include hand wash station, dishwashing station, etc.).
3. Number of Certified Food Handlers: \_\_\_\_\_ **\*MUST ATTACH COPIES OF CERTIFICATION**
4. Name and Phone # of "Person-in-Charge" at booth during event: \_\_\_\_\_
5. Location of any "Advanced Preparation Site(s)": \_\_\_\_\_  
**\*\*\*Attach a completed commissary agreement with application\*\*\***
6. Cold-Holding Equipment: (Coolers are not allowed for storage of PHF's or raw meats) \_\_\_\_\_
7. Hot-Holding/Cooking Equipment: \_\_\_\_\_
8. Where will produce be washed? \_\_\_\_\_ Will meats/foods be thawed? Yes ☐ No ☐
9. How long will food be in transport to the event? \_\_\_\_\_
10. How will food be kept hot/cold during transport? \_\_\_\_\_
11. A calibrated, metal stem probe thermometer(s) is available (range 0 – 220 F). Yes ☐ No ☐
12. Type of chemical to be used as a sanitizer: Chlorine/Bleach ☐ Quaternary Ammonium ☐ Iodine ☐
13. Test strips to monitor chemical sanitizer concentration: Yes ☐ No ☐
14. Hand washing facilities: Plumbed sink ☐, Gravity Flow ☐, Dispensed soap/paper towels ☐
15. Dishwashing Facilities: 3-bin sink ☐ 3 portable tubs ☐
16. Where will water for the operation come from? \_\_\_\_\_
17. Waste water disposal: Sewer ☐, Septic ☐, RV dump station ☐
18. Covered Garbage Cans: Yes ☐ No ☐
19. Where will food be stored during the evening hours when the booth is unoccupied?  
\_\_\_\_\_

I hereby consent to inspection by the Health Authority and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with the **Temporary Food Service Requirements**. I also understand that the permit fee is non-refundable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Approved

☐ Denied

*\*Attach plan review sheet*

*revised by kmw 10/08*